

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov



Ruth Ann Terry, MPH, RN  
Executive Officer

## **CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING NURSE-MIDWIFE (NM) CERTIFICATION**

### **GENERAL INSTRUCTIONS**

#### **I. General Application Requirements**

Nurse-Midwife certification eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Nurse-Midwife certification purposes:

- 1. A completed Nurse-Midwife Certification Application form (Pages 6 & 7).**
- 2. Nurse-Midwife certification fee of \$75.00.**
- 3. One recent 2" x 2" passport type photograph.**
- 4. Required documentation to determine certification eligibility. Please refer to the application requirements for Nurse-Midwife certification (Pages 4 & 5) and select the appropriate method by which to qualify.**

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Nurse-Midwife application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs, associations/national organizations or evaluators. Processing a Nurse-Midwife certification application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

## GENERAL INSTRUCTIONS (CONT'D)

### II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

### III. Social Security Number

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal of licensure/certification will not be processed. You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

### IV. Reporting ALL Conviction(s), Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

Applicants are required under law to report ALL misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Conviction(s) must be reported even if they have been expunged under Penal Code Section 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action(s) and/or voluntary surrender(s) against an applicant's nurse-midwife, registered nurse, practical nurse, vocational nurse or other professional license/certificate must be reported.

**Failure to report prior conviction(s), disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.**

When reporting prior conviction(s), disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); the date of incident(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); specific violation(s) (cite section of law, if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Certified copies of court documents or state board determinations/decisions should also be included.

NOTE: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and

## GENERAL INSTRUCTIONS (CONT'D)

severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (NM), P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.**

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any conviction(s), disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Nurse-Midwife certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

**NOTE: The application must be completed and signed by the applicant under penalty of perjury.**

### **V. Temporary Nurse-Midwife Certificate**

The Temporary Nurse-Midwife Certificate (TC/NM) is only applicable for the Nurse-Midwife certification applicant who does not possess a **permanent California RN license at the time of application.** The Nurse-Midwife certification applicant may apply for the TC/NM (Page 13) to bridge the processing time of two (2) to four (4) months for the fingerprint clearances so that he/she may work in California as soon as eligible.

Eligibility for the TC/NM is based on the possession of a temporary California RN license (TL), a complete California RN Licensure by Endorsement application pending the fingerprint clearances that will be processed by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) and a complete Nurse-Midwife certification application.

## GENERAL INSTRUCTIONS (CONT'D)

### VI. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – NM Certification  
Board of Registered Nursing  
P. O. Box 944210, Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – NM Certification  
Board of Registered Nursing  
400 R Street, Suite 4030, Sacramento, CA 95814-6239

### VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Nurse-Midwives may be obtained by contacting:

Procurement Publications Section  
California Department of General Services  
P. O. Box 1015, North Highlands, CA 95660

Document Number: 7540-957-1108-5    Fee: \$9.95 (Fee Subject to Change)

Telephone Number: (916) 928-4630 - No Telephone Orders Accepted

## APPLICATION REQUIREMENTS FOR NURSE-MIDWIFE (NM) CERTIFICATION

### METHOD ONE

Successful completion of the nurse-midwifery academic program of study which conforms with the Board's educational standards set forth in the California Code of Regulations Section 1462.

#### **Documentation submitted directly to the Board of Registered Nursing:**

1. Verification of the Completion of a Nurse-Midwifery Academic Program form submitted by the nurse-midwifery academic program. (Page 8)
2. Official transcripts for the completed nurse-midwifery academic program submitted by the nurse-midwifery academic program.
3. Verification of Nurse-Midwifery Clinical Recency form submitted by the verifier, if the nurse-midwifery academic program was completed more than one (1) year ago at the time of application. (Page 12)

## APPLICATION REQUIREMENTS FOR NURSE-MIDWIFE (NM) CERTIFICATION

## METHOD TWO

Completion of a nurse-midwifery academic program which conforms with the Board's educational standards as set forth in the California Code of Regulations Section 1462, but **not** Board approved. Remediation of deficiencies may be required through a Board of Registered Nursing approved program/course.

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Verification of the Content of the Nurse-Midwifery Academic Program form submitted by the nurse-midwifery academic program. (Pages 9 & 10)
2. Official transcripts for the completed nurse-midwifery academic program submitted by the nurse-midwifery academic program.
3. Verification of Nurse-Midwifery Clinical Recency form submitted by the verifier, if the nurse-midwifery academic program was completed more than one (1) year ago at the time of application. (Page 12)
4. If applicable, a copy of the nurse-midwife certificate from the state/country that allowed you to practice nurse-midwifery.

## METHOD THREE

Certification by a state or national organization/association whose standards are equivalent to those set forth in the California Code of Regulations Section 1462.

### **Documentation submitted directly to the Board of Registered Nursing:**

1. Verification of Nurse-Midwife Certification by a National Organization/Association form submitted by the national association. (Page 11)
2. Verification of the Completion of a Nurse-Midwifery Academic Program form submitted by the nurse-midwifery academic program. (Page 8)
3. Official transcripts for the completed nurse-midwifery academic program submitted by the nurse-midwifery academic program.
4. Verification of Nurse-Midwifery Clinical Recency form submitted by the verifier, if the nurse-midwifery academic program was completed more than one (1) year ago at the time of application. (Page 12)

The national organization/association listed below has met the certification requirements that are equivalent to the Board's standards for nurse-midwife certification:

### **The ACNM Certification Council**

(The National Certifying Body Accredited by the American College of Nurse-Midwives)

8401 Corporate Drive, Suite 630, Landover, MD 20785 (301) 459-1321 [www.accmidwife.org](http://www.accmidwife.org)

(Above Information Subject to Change)

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**APPLICATION FOR NURSE-MIDWIFE (NM) CERTIFICATION****APPLICATION FEE - \$75.00****A. PERSONAL DATA (Please print or type):**

Name: (Last) (First) (Middle)	Previous Names (Including Maiden):
Address of Record: ( Number & Street)	Date of Birth: (Month) (Day) Year
(City) (State) (Zip Code)	Social Security Number (Mandatory):
Telephone Number: Home ( ) Work ( )	Mother's Maiden Name:

**B. RN LICENSURE/NURSE-MIDWIFE CERTIFICATION:**

California RN License Number:	Date Issued:	Expiration Date:
List <b>ALL</b> States Where You Hold/Held an RN License and Status:	List <b>ALL</b> States Where You Hold/Held a Nurse-Midwife License/Certificate and Status:	
Original State of RN Licensure: RN License Number:	Date Issued:	Expiration Date:
Original State of Nurse-Midwife Certification: Nurse-Midwife Certificate Number:	Date Issued:	Expiration Date:

**C. RN EDUCATION:**

Name of Professional Registered Nursing Program:	Location: (City) (State or Country)
Type of RN Program: <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN	Entrance Date: Graduation/Completion Date:

**D. NURSE-MIDWIFERY EDUCATION:**

Name of Nurse-Midwifery Academic Program:	Location: (City) (State or Country)
Type of Nurse-Midwifery Academic Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	Entrance Date: Graduation/Completion Date:

**E. NURSE-MIDWIFE PROFESSIONAL CERTIFICATION (If Applicable):**

Name of Organization/Association:	Original Date of Certification:
Certification Number:	Current Renewal/Recertification Cycle Dates:
Method of Certification: <input type="checkbox"/> Examination <input type="checkbox"/> Other (Please Explain)	

### F. BACKGROUND INFORMATION:

I. Have you ever <b>applied</b> for a Nurse-Midwife certificate in California? If yes: Name at Time of Application: _____ Date Submitted: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Have you ever been <b>issued</b> a Nurse-Midwife certificate in California? If yes: <b>STOP. DO NOT CONTINUE.</b> Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse-Midwife certification.	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Have you ever been convicted of <b>ANY</b> offense other than minor traffic violations? If yes, please explain fully as described in the General Instructions – Section IV. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <b>YOU MUST INCLUDE MISDEMEANORS AS WELL AS FELONY CONVICTIONS.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Have you ever had a health-care related license/certificate to practice nursing revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>
V. Have you ever had a professional or vocational license/certificate to practice revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions – Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California Nurse-Midwife certificate is issued. I am also required to report to the California Board of Registered Nursing **ANY** disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California Nurse-Midwife certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for Nurse-Midwife certification is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure/certification or licensure/certification revocation in California.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

#### NOTE:

**PLEASE TAPE A  
RECENT 2" x2"  
PASSPORT SIZE  
PHOTOGRAPH**

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## VERIFICATION OF THE COMPLETION OF A NURSE-MIDWIFERY (NM) ACADEMIC PROGRAM

**A. TO BE COMPLETED BY APPLICANT:** Please complete Section A and forward to the program director/representative for the nurse-midwifery academic program for completion. Official transcripts submitted must include all completed course work with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

<b>Name:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>	<b>Previous Names</b> (Including Maiden Name):  
<b>Address:</b>  <div style="text-align: center; margin-top: 10px;">(Number &amp; Street)</div>	<b>Date of Birth:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(Month)</span> <span>(Day)</span> <span>(Year)</span> </div>
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>	<b>Social Security Number</b> (Mandatory):  
<b>Telephone Number:</b> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Home</span> <span>Work</span> </div>	<b>California RN License Number:</b> <b>Expiration Date:</b>
<b>Name of Nurse-Midwifery Academic Program:</b>	
<b>Entrance and Completion Dates:</b>	<b>Type of Program:</b>
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____	

**B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE-MIDWIFERY ACADEMIC PROGRAM:** Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

<b>Name of Nurse-Midwifery Academic Program:</b>	<b>Telephone Number:</b>
<b>Address:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(Number &amp; Street)</span> <span>(City)</span> <span>(State)</span> <span>(Zip Code)</span> </div>	
<b>Type of Program:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	
<b>Entrance and Completion Dates:</b> From:                      To: <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(Month) (Day) (Year)</span> <span>(Month) (Day) (Year)</span> </div>	
<b>Date Certificate/Degree Status Conferred:</b> (If conferral date and/or status not posted to transcript, please explain.)	
I certify under penalty of perjury that the documentation regarding the completion of the nurse-midwifery academic program for the above named applicant is true and correct.	
<b>Signature:</b> _____ <b>Date:</b> _____	
<b>Title:</b> _____ <b>Telephone Number:</b> (_____) _____	



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## VERIFICATION OF THE CONTENT OF THE NURSE-MIDWIFERY (NM) ACADEMIC PROGRAM METHOD 2

**A. TO BE COMPLETED BY APPLICANT:** Please complete Section A and forward to the program director/representative for the nurse-midwifery academic program for completion. Official transcripts submitted must include all completed course work with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

<b>Name:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>( Last )</span> <span>( First )</span> <span>( Middle )</span> </div>	<b>Previous Names (Including Maiden Name):</b> 
<b>Address:</b> <div style="text-align: center; margin-top: 10px;">( Number &amp; Street )</div>	<b>Date of Birth:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> </div>
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>( City )</span> <span>( State )</span> <span>( Zip Code )</span> </div>	<b>Social Security Number (Mandatory):</b> 
<b>Name of Nurse-Midwifery Academic Program:</b> 	
<b>Entrance and Completion Dates:</b> 	<b>Type of Program:</b> 
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____	

**B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE-MIDWIFERY ACADEMIC PROGRAM:** Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

<b>Name of Nurse-Midwifery Academic Program:</b> 	<b>Telephone Number:</b> <div style="text-align: center; margin-top: 10px;">(     )</div>
<b>Address:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>( Number &amp; Street )</span> <span>( City )</span> <span>( State or Country )</span> <span>( Zip Code )</span> </div>	
<b>Type of Nurse-Midwifery Academic Program:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	
<b>Entrance and Completion Dates:</b> <b>From:</b> <b>To:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> </div>	
<b>Date Certificate/Degree Status Conferred:</b> (If conferral date and/or status not posted to transcript, please explain.)	

Please review the list of the California educational requirements **on the reverse side of this form**. Place a check mark (✓) next to each subject included in the completed nurse-midwifery academic program and then mark the appropriate box below:

- ☐ The applicant's nurse-midwifery academic program **included** all the subjects listed on the reverse side of this form.
- ☐ The applicant's nurse-midwifery academic program **did not include** all the subjects listed on the reverse side of this form.

I certify under penalty of perjury that the verification regarding the subjects included in the nurse-midwifery academic program for the above named applicant is true and correct.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

## CALIFORNIA EDUCATIONAL REQUIREMENTS FOR NURSE-MIDWIFERY ACADEMIC PROGRAMS

Please check (✓) subjects included in the applicant's nurse-midwifery academic program.

### A. General Subjects

- ☐ Nurse-Midwifery Management Process
- ☐ Anatomy and Physiology
- ☐ Genetic Counseling/Antepartum Evaluation
- ☐ Embryology and Fetal Development
- ☐ Child Growth and Development
- ☐ **Concepts of Psycho-Social, Emotional and Cultural Aspects of:**
  - ☐ Maternal/Child Care
  - ☐ Human Sexuality
  - ☐ Counseling and Teaching
  - ☐ Maternal/Infant/Family Bonding Process
  - ☐ Breast Feeding
  - ☐ Family Planning
  - ☐ Principles of Preventive Health
  - ☐ Community Health; Including Substance Abuse and Environmental Hazards
- ☐ Sexually Transmitted Diseases
- ☐ Universal Precautions

### B. Management of Normal Pregnancy

- ☐ Physiology
- ☐ Physical Assessment
- ☐ Laboratory & Diagnostic Tests and Procedures
- ☐ Obstetrics
- ☐ Pharmacology
- ☐ Emergencies
- ☐ Assessment of Mental and Emotional Status
- ☐ Nutrition

### C. Management of Normal Labor and Delivery

- ☐ Physiology
- ☐ Physical Assessment
- ☐ Laboratory & Diagnostic Tests and Procedures
- ☐ Obstetrics
- ☐ Pharmacology
- ☐ Emergencies
- ☐ Assessment of Mental and Emotional Status
- ☐ Nutrition
- ☐ Administration of Intravenous Fluids, Analgesics, and Postpartum Oxytocics
- ☐ Amniotomy During Labor
- ☐ Application of External and Internal Monitoring Devices
- ☐ Administration of Perineal Anesthesia
  - ☐ Pudendal Block
  - ☐ Local Infiltration
- ☐ Episiotomy
- ☐ Repair of Episiotomies and Lacerations

### D. Management of Normal Postpartum Period

- ☐ Physiology
- ☐ Physical Assessment
- ☐ Laboratory & Diagnostic Tests and Procedures
- ☐ Obstetrics
- ☐ Pharmacology
- ☐ Emergencies
- ☐ Assessment of Mental and Emotional Status
- ☐ Nutrition

### E. Management of Routine Gynecological Care And Family Planning

- ☐ Physiology
- ☐ Physical Assessment
- ☐ Laboratory & Diagnostic Tests and Procedures
- ☐ Pharmacology
- ☐ Emergencies
- ☐ Assessment of Mental and Emotional Status
- ☐ Nutrition
- ☐ Gynecology
- ☐ **Selection & Implementation of Birth Control Methods:**
  - ☐ Natural
  - ☐ Hormonal
  - ☐ Barrier
  - ☐ Diaphragm (Including Fitting)
  - ☐ IUD (Including Insertion)
  - ☐ Permanent

### F. Management of Normal Newborn Care

- ☐ Physiology
- ☐ Physical Assessment
- ☐ Laboratory & Diagnostic Tests and Procedures
- ☐ Pharmacology
- ☐ Emergencies
- ☐ Newborn Resuscitation
- ☐ Nutrition, Feeding
- ☐ Neonatology

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## VERIFICATION OF NURSE-MIDWIFE (NM) CERTIFICATION BY A NATIONAL ORGANIZATION/ASSOCIATION

### METHOD 3

**A. TO BE COMPLETED BY APPLICANT:** Please complete Part A and submit to the applicable national organization/association to verify your nurse-midwife certification status. **A fee may be required by the national organization/association for the processing of the verification form.** Please print or type.

Name:  ( Last )                                      ( First )                                      ( Middle )			Previous Names (Including Maiden Name):		
Address:  ( Number & Street )			Date of Birth:  ( Month )                                      ( Day )                                      ( Year )		
( City )                                      ( State )                                      ( Zip Code )			Social Security Number (Mandatory):		
Telephone Number: Home                                      Work			California RN License Number: Expiration Date:		
Name of Nurse-Midwifery Academic Program:					
Entrance and Completion Dates:				Type of Program:	
Signature of Applicant: _____ Date: _____					

**B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION:** Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Certifying National Organization/Association:				Telephone Number: (      )	
Address:  ( Number & Street )                                      ( City )                                      ( State )                                      ( Zip Code )				Method of Certification:	
Certificate Number:			Original Date of Certification:		
Current Renewal Cycle Dates for Certification/Recertification: From:                                      To: (If not applicable, please explain.)                                      (Month)                                      (Year)                                      (Month)					

I certify under penalty of perjury that the documentation regarding the nurse-midwife certification status for the above named applicant is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ **(OFFICIAL SEAL)**

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**VERIFICATION OF NURSE-MIDWIFERY (NM) CLINICAL REGENCY**

**A. TO BE COMPLETED BY APPLICANT:** Please complete Part A and submit to the appropriate verifier to evidence your clinical recency within the last five (5) years, if the nurse-midwifery academic program was completed more than one (1) year ago at the time of application. Please print or type.

Name: ( Last ) ( First ) ( Middle )			Previous Names (Including Maiden Name):		
Address: ( Number & Street )			Date of Birth: ( Month ) ( Day ) ( Year )		
( City ) ( State ) ( Zip Code )			Social Security Number (Mandatory):		
Telephone Number: Home Work			California RN License Number: Expiration Date:		
Name of Nurse-Midwifery Academic Program:					
Entrance and Completion Dates:			Type of Program:		
Signature of Applicant: _____ Date: _____					

**B. VERIFICATION OF NURSE-MIDWIFERY CLINICAL REGENCY:** Please complete Part B and return the completed form to the Board of Registered Nursing.

Name of Verifier: _____		Telephone Number: ( _____ ) _____	
Address: _____ ( Number & Street ) ( City ) ( State ) ( Zip Code )			
Profession: _____		Licensed By: _____	
License Number: _____		Expiration Date: _____ Social Security Number: _____	
Location of Nurse-Midwifery Clinical Experience: _____ ( Name of Agency ) ( Address )			
Level of Supervision Provided: _____			
From: _____ ( Month ) ( Day ) ( Year )		To: _____ ( Month ) ( Day ) ( Year )	
For: _____ ( Number )		Hours Per Week = _____ ( Cumulative Hours )	
Summary of the nurse-midwifery clinical practice engaged in within the last five (5) years by the above named applicant: _____ _____ _____			
I certify under penalty of perjury that the above verification of nurse-midwifery clinical recency for the specified period for the above named applicant is true and correct.			
Signature: _____		Date: _____	

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

**APPLICATION FOR TEMPORARY NURSE-MIDWIFE (NM) CERTIFICATE****INSTRUCTIONS:**

1. The application fee for the Temporary Nurse-Midwife Certificate (TC/NM) is **\$30.00**.
2. The TC/NM will not be issued until the **California RN Endorsement Application** and the **Application for Nurse-Midwife Certification** are complete. Only the fingerprint cards submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for processing are still pending.
3. The TC/NM will not be mailed to an in-care-of address or a third party address.
4. Possession of a current and active California Temporary RN License (TL) is required.

**PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE-MIDWIFE CERTIFICATE (TC/NM) AND YOUR APPLICATION FEE FOR THE TC/NM WILL NOT BE REFUNDED.**

**TO BE COMPLETED BY THE APPLICANT:** Please print or type.

Name:  ( Last ) ( First ) ( Middle )		Previous Names (Including Maiden Name):	
Address:  ( Number & Street )		Date of Birth:  ( Month ) ( Day ) ( Year )	
( City ) ( State ) ( Zip Code )		Social Security Number (Mandatory):	
Telephone Number: Home Work		California Temporary RN License Number: Expiration Date:	
Name of Nurse-Midwifery Academic Program:			
Address:			
Type of Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's		Entrance Date: Completion Date:	
I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse-Midwife Certificate is true and correct.			
Signature of Applicant: _____		Date: _____	